AR HEALTH

Arkansas Department of Health

Social Work Licensing Board

5800 West 10th, Suite 100, Little Rock, AR 72204 * (501) 372-5071 * Fax (501) 372-6301 Mailing Address: P. O. Box 251965, Little Rock, AR 72225 swlb@arkansas.gov * http://www.arkansas.gov/swlb/

Governor Asa Hutchison José Romero, MD, Secretary of Health Ruthie Bain, Director

RENEWAL INSTRUCTIONS

- 1. Complete the renewal application and summary sheet. <u>The renewal request will be returned if the application and summary sheet are not completed in full and signed.</u>
- 2. Attach an \$80 Cashier's Check or Money Order (non-refundable) made payable to the Social Work Licensing Board. NO PERSONAL CHECKS ACCEPTED
- 3. Complete the summary sheet in full. A minimum of 30 hours of social work continuing education completed during the two-year licensure period must be listed. Your renewal period is the two (2) years prior to your expiration date. {Example: If your expiration date is July 31, 2019, then your renewal period is August 1, 2019 through July 31, 2021} Of the 30 hours, no more than 15 hours will be approved for independent or Internet courses. Please list the three (3) hours in professional ethics first on the summary sheet. Since the summary sheet is the only documentation the Board will see, it is important that you print legibly or type the information. Please do not abbreviate. Providing clear and complete information will prevent us from having to contact you for additional information. Do not send your continuing education Certificates of Attendance with the renewal application. You will need it later if you are selected for audit.
- 4. Mail the renewal application, \$80 renewal fee and summary sheet to the Board **postmarked no later than your expiration date.** Your social work license will expire, and you will no longer be eligible to practice social work if the renewal application and other required materials are not postmarked by your expiration date. An expired license may be renewed within three months of the expiration date by submitting a signed attestation stating you have not practiced social work, the \$80 renewal fee, and the \$80 late penalty, (\$160 total).

<u>Please note</u>: This three-month period is <u>not</u> additional time for completing the continuing education requirement and <u>does not allow for practice after the expiration date</u>. Continuing education completed outside the two-year licensure period will not be approved. <u>A license that has expired longer than three</u> months is non-renewable.

Renewal applications will be reviewed at the next board meeting after they are received. If approved, you will be mailed an acknowledgement of license renewal and a new license card within 7-10 days after the board meeting. (The Board meets on the second Monday of each month. Deadline for each meeting is at noon on the Friday before the meeting)

You may renew your license online or download additional forms at www.arkansas.gov/swlb.

If you do not wish to renew your license, please notify the Board in writing.



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LICENSE RENEWAL APPLICATION

Name as it appears on license:		l	License No			
Current	t Address:		Home Phone:			
			Cell Phone:			
Email:		Work Email:				
Place of Employment:		Work P	Work Phone:			
Place of Birth (city & state)Require		Gender Required by Arkansas Act 1489	Race Ethnicity			
explana	ation.	ons. If you answer yes to any of the				
a.	Are you currently or have practice? Yes No	you ever been under any investig	ation regarding your professional			
b.	Have you been denied a pro	ofessional license in Arkansas or any	other state or jurisdiction?			
c.	Have you been refused rene	ewal of a professional license?	/es No			
d.	Have you had a professiona	al license suspended or revoked?	res No			
e.	Have you voluntarily surrendered a professional license? Yes No					
f.	Have you had any disciplina Yes No	ary action taken against your social v	work license in any state?			
g.		r spouse is active military duty milit m active dutyYESN				
h.	following: (1) Any offenses specifically	guilty or nolo contendere to, or bed y enumerated in A.C.A. § 17-3-102;	en found guilty of, any of the			
	breach of client trust, or abu	isdemeanor or felony, involving viol use of the vulnerableYES urkansas.gov/swlb, under Laws and I	NO (a copy of A.C.A. § 17-103-			
knowle	edge and belief, and I unders	I have provided on this form is tr tand that any false or misleading in cation or suspension of my social wo	formation is grounds for denial of			
Revised	d 8/6/2020	SIGNATURE	DATE			

SUMMARY SHEET FOR REPORTING SWCE Expiration Date:

Please list completed ethics. <u>F</u>	d during the licens Please list the ethic	ure period will be a cs workshop first o	Lic (SWCE) completed durin pproved. Of the required to the summary sheet. PL y. If you do not have the C	30 hours, three hou EASE TYPE OR PRINT	nsure period. On rs must be in pro r LEGIBLY. If you	fessional attend a
Date		Title of Work	shop	Independent Study Yes or No	Presenter of Sponsor	or Hou
	Ethics:					
Total Ho	180	If additional space	e is needed, this form ma	av ha dunlicated		
I understan submit Cert for denial o	d that in signing this tification of my Atten of license renewal or	document that I am at dance at all the worksh subsequent revocatio	testing that the information is lops listed. I further understar n or suspension of my social ck or Money Order only – NO	s correct and true, and ind that any false or misl work license. I also acl	eading information i knowledge that fees	is grounds
=========			Signature of License	e	Date	
FOR BOARD USE ONLY: Date Reproved Denied			Receipt No	Fee \$80	(\$160 late fee)
		Renewal App		er's Signature		 Date
		Audit Approv				
Board Member's Signature						Date



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ATTESTATION FOR RENEWAL OF SOCIAL WORK LICENSE <u>AFTER</u> EXPIRATION DATE Effective July 22, 2015, Act 1170 of 2015

The Social Work Licensing Act has been amended. The section regarding the expiration and renewal of social work licenses, codified at Arkansas Code § 17-103-304, will read as follows effective July 22, 2015:

- (c) (3) Before the expiration date of the license, the licensee shall:
 - (A) Submit a renewal application and fee online; or
 - (B) Mail the renewal application and fee to the office of the board.
- (d) (1) If a licensee fails to renew his or her license before the expiration date, the license shall lapse the last day of the month of the calendar year that is exactly two (2) years from the calendar year and month in which the license was issued.
 - (2) A license that has lapsed for a period of less than three (3) months may be renewed by submission of:
 - (A) A completed renewal application;
 - (B) A fee that is two (2) times the amount of the renewal fee specified; and
 - (C) An attestation that the licensee has not practiced social work since the day that his or her license lapsed and the licensee will not practice social work until his or her license is approved for renewal by the board.
 - (3) If a license has lapsed for three (3) months or longer, the applicant for the license shall be considered a new applicant subject to appropriate provision of this chapter.
 - (4) A license that has expired over three (3) months is not renewable.
- (e) At the time of license renewal, an applicant shall present satisfactory evidence that in the period since the license was issued, he or she has completed the continuing education requirement as required by the board.

<u>Please note</u>: This three-months is <u>not</u> additional time for completing the continuing education requirement and <u>does not allow for practice after the expiration date</u>. Continuing education completed outside the two-year licensure period will not be approved.

If you do not mail (postmark must be no later than expiration date) or renew your social work license online by the expiration date of your license, then your license is considered lapsed as of the expiration date and you are not eligible to practice social work, work in a social work position or call yourself a social worker until the Social Work Licensing Board (the "Board") has received and approved your application for renewal.

I, the below named licensee, attest and affirm that I have not practiced social work since the day that my license lapsed. I will not practice social work until my license is approved for renewal by the Board.

Printed Name:	License Number:	
Expiration Date of License:	Date Submitted:_	
Signature:		
This form only needs to be signed i	8/6/2020	